

DEPARTMENT OF HEALTH AND SOCIAL SERVICES, DIVISION OF PUBLIC HEALTH
APPLICATION FOR REGISTRATION OF A RADIATION SERVICE COMPANY OR PERSON
[B.6*]

(Continuation of requested information may be provided on plain paper, as needed)



Delaware Division of Public Health
Office of Radiation Control
417 Federal Street
Dover, DE 19901
(302) 744-4546

For Agency Use Only

DO NOT WRITE IN THREE SPACES BELOW

Registration No. _____

Effective Date _____

Expiration Date _____

PLEASE READ INSTRUCTIONS PRIOR TO COMPLETING

1. COMPANY Current/Former Delaware Registration No. _____

Name: _____

Street: _____

City/Town: _____ State: _____ Zip: _____ Phone Number: _____

a. COMPANY OWNER/MANAGER:

Name: _____ EIN or Social No. _____

Street: _____

City/Town: _____ State: _____ Zip: _____ Phone Number: _____

b. Name of RSO or Regulatory Affairs Officer _____

2. AREA FOR WHICH REGISTRATION IS BEING APPLIED: (Check appropriate item(s))

- () (a) Installation and/or servicing of radiation machines and associated machine components;
() (b) Calibration of radiation machines or radiation measurement instruments or devices;
() (c) Radiation protection or health physics consultations or surveys * Attach resume
() (d) Personnel dosimeter services
() (e) Radiation shielding per NCRP Report #49
() (f) Testing Sealed (NARM) Sources per DRCR.

3. CERTIFICATIONS HELD:

TITLE	ID #	NAME OF HOLDER
TITLE	ID #	NAME OF HOLDER
TITLE	ID #	NAME OF HOLDER

4. **TRAINING OF APPLICANT:**

a. FORMAL EDUCATION BACKGROUND:

<u>Academic Degree</u>	<u>School</u>	<u>Major</u>	<u>Year</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b. SPECIFIC TRAINING IN THE AREA OF REGISTRATION APPLIED FOR:

<u>Course Title</u>	<u>Location</u>	<u>Dates</u>	<u>Nature of Training</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. EXPERIENCE OF APPLICANT:

A. LIST RELEVANT EMPLOYMENT HISTORY:

<u>Organization</u>	<u>Position</u>	<u>Dates</u>	<u>% of Time</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. I certify that I have read and understand Parts A & B of the Delaware Radiation Control Regulations.

SIGNATURE OF
APPLICANT: _____ DATE: _____

TYPE OR
PRINT NAME: _____

COMMENTS: (Agency Use)

**INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM (ORC - R3)
FOR REGISTRATION OF A RADIATION SERVICE COMPANY (PERSON)**

<u>ITEM</u>	<u>INSTRUCTIONS AND DEFINITIONS</u>
1. COMPANY NAME	<i>Enter complete company name, (or sole proprietorship) telephone number and mailing address.</i>
1a. COMPANY OWNER/MANAGER (APPLICANT)	<i>The owner/manager is the applicant. Enter your complete name, EIN or Social Security No. mailing address, and business (B) or home(H) telephone number.</i>
2. AREA FOR WHICH REGISTRATION IS BEING APPLIED	<i>Check the appropriate item(s) a-f. For Area C, attach resume for Principal Consultant of firm.</i>
3. CERTIFICATIONS HELD	<i>Enter the title, ID number of relevant certification(s) and name of holder. If held by an employee note by "E"; by owner/manager by "C".</i>
4. TRAINING OF APPLICANT OR EMPLOYEE	<p><i>Enter the required information regarding the formal education background of the owner/manager, note by "C". If held by an employee, note by "E".</i></p> <p><i>List training related to the area of which registration is applied. Under "Nature of Training", indicate "on-the-job", "formal".</i></p> <p><i>Do not list more than three (3) employees. Where work is performed by more than three(3) employees, briefly describe company minimum for radiation equipment and safety training held by employees.</i></p>
5. EXPERIENCE OF APPLICANT (Do not list more than three (3) employees, see 4., above)	<i>Enter relevant employment history. Under "% of time", show the actual percentage of the work week that was spent on relevant tasks.</i>
6. SIGNATURE OF APPLICANT	<i>A general knowledge and understanding of Parts A & B of the enclosed Delaware Radiation Control Regulations (DRCR), under which all Radiation Service Companies must operate in Delaware, is the responsibility of the owner/manager. The application form <u>must</u> be signed by the owner/manager. The registration is not valid until a "Notice of Registration" has been issued. A copy will be sent to you.</i>

**INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM (ORC - R3)
FOR REGISTRATION OF A RADIATION SERVICE COMPANY (PERSON)**

<u>ITEM</u>	<u>INSTRUCTIONS AND DEFINITIONS</u>
1. COMPANY NAME	<i>Enter complete company name, (or sole proprietorship) telephone number and mailing address.</i>
1a. COMPANY OWNER/MANAGER (APPLICANT)	<i>The owner/manager is the applicant. Enter your complete name, mailing address, and business (B) or home(H) telephone number.</i>
2. AREA FOR WHICH REGISTRATION IS BEING APPLIED	<i>Check the appropriate item(s) a-f.</i>
3. CERTIFICATIONS HELD	<i>Enter the title, ID number of relevant certification(s) and name of holder. If held by an employee note by "E"; by owner/manager by "C".</i>
4. TRAINING OF APPLICANT OR EMPLOYEE	<p><i>Enter the required information regarding the formal education background of the owner/manager, note by "C". If held by an employee, note by "E".</i></p> <p><i>List training related to the area of which registration is applied. Under "Nature of Training", indicate "on-the-job", "formal".</i></p> <p><i>Do not list more than three (3) employees. Where work is performed by more than three(3) employees, briefly describe company minimum for radiation equipment and safety training held by employees.</i></p>
5. EXPERIENCE OF APPLICANT (Do not list more than three (3) employees, see 4., above)	<i>Enter relevant employment history. Under "% of time", show the actual percentage of the work week that was spent on relevant tasks.</i>
5b. DELAWARE CUSTOMERS	<i>List three (3) facilities you plan to service in Delaware.</i>
6. SIGNATURE OF APPLICANT	<i>A general knowledge and understanding of Parts A & B of the enclosed Delaware Radiation Control Regulations (DRCR), under which all Radiation Service Companies must operate in Delaware, is the responsibility of the owner/manager. The application form <u>must</u> be signed by the owner/manager. The registration is not valid until a "Notice of Registration" has been issued. A copy will be sent to you.</i>